

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

06 APR 20 PM 12:10

FRANKLIN COUNTY
BOARD OF ELECTIONS

| | | | | | | | | | | | |
|--|----------|--|--|------------------|--|-------------|--|-------------------------------|--|--------------------------|--|
| Full Name of Committee Bendig for Judge | | | | | | | | Registration Number, if PAC | | | |
| Full Name of Candidate Charles Bendig | | | | | | | | | | | |
| Street Address 557 Main St | | | | | | | | Office Sought Judge | | District | |
| City Groveport | | | | | | | | State O H | | Zip Code 43125 | |
| Type of Report (place X to the left of report type) | X | Pre-Primary | | Post-Primary | | Pre-General | | Post-General | | Annual Year | |
| | | July | | August | | September | | | | Semiannual | |
| | | Monthly | | Monthly | | Monthly | | Termination | | | |
| Amended Report? | | Report Electronically filed? | | Date of Election | | M | | D | | Y | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | 1 1 | | 0 7 | | 0 6 | |

For candidates only, during an election year, if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

| | |
|--|-----------|
| 1. Amount brought forward from last report | \$ |
| 2. Total monetary contributions (From Form No. 31-A) | \$ |
| 3. Total other income (From Form No. 31-A-2) | \$ |
| 4. Total funds available (sum of lines 1, 2, 3) | 22,350.00 |
| 5. Total monetary expenditures (From Form No. 31-B) | 0.00 |
| 6. Balance on hand (line 4 minus line 5) | 22,350.00 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ |
| 8. Value of in-kind contributions made (From Form No. 31-J-2) | \$ |
| 9. Outstanding loans owed by committee (From Form No. 31-C) | 10,000.00 |
| 10. Outstanding debts owed by committee (From Form No. 31-N) | \$ |
| 11. Outstanding loans owed to committee (From Form No. 31-K) | \$ |
| 12. Value of independent expenditures made (From Form No. 31-U) | \$ |
| 13. For Electronic Filing Entities only | \$ |
| Sum of lines 2, 7 and amount of any new loans received this period | \$ |

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Jackethia L. Saunders-Morris **Jackethia L. Saunders-Morris**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

4-20-06

| | |
|-----------------------|----------|
| Contribution pages | 3 |
|-----------------------|----------|

| | |
|----------------------|----------|
| Expenditure pages | 0 |
|----------------------|----------|

| | |
|----------------|----------|
| Other pages | 1 |
|----------------|----------|

| | |
|----------------|----------|
| Total pages | 4 |
|----------------|----------|

ET = 1-6-07

Statement of Loans Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | | |
|---|--|--------------------|---|--------------------------|---|---|---|-------------------------------------|---|---|---|----|
| Full Name of Committee Bendig For Judge | | | | | | | | | | | | |
| From Whom Received Charles Bendig | | | | | | | | Prior Amount 0.00 | | Amt. Incurred this Period 10,000.00 | | |
| Address 557 Main St | | | | | | | | | | Outstanding Balance | | |
| City Groveport | | State OH | | Zip Code 43125 | | Loans Received This Period Date Amount | | Payments This Period Date Amount | | | | |
| Date Loan was originally Incurred | | M | D | Y | M | D | Y | \$ | M | D | Y | \$ |
| | | 0 | 3 | 0 | 9 | 0 | 6 | 10,000 | | | | |
| Registration Number, if PAC | | | | | | | | M | D | Y | | |
| Employer/Occupation/Labor Organization* | | | | | | | | M | D | Y | | |
| From Whom Received | | | | | | | | Prior Amount | | Amt. Incurred this Period | | |
| Address | | | | | | | | | | Outstanding Balance | | |
| City | | State | | Zip Code | | Loans Received This Period Date Amount | | Payments This Period Date Amount | | | | |
| Date Loan was originally Incurred | | M | D | Y | M | D | Y | \$ | M | D | Y | \$ |
| | | | | | | | | | | | | |
| Registration Number, if PAC | | | | | | | | M | D | Y | | |
| Employer/Occupation/Labor Organization* | | | | | | | | M | D | Y | | |
| From Whom Received | | | | | | | | Prior Amount | | Amt. Incurred this Period | | |
| Address | | | | | | | | | | Outstanding Balance | | |
| City | | State | | Zip Code | | Loans Received This Period Date Amount | | Payments This Period Date Amount | | | | |
| Date Loan was originally Incurred | | M | D | Y | M | D | Y | \$ | M | D | Y | \$ |
| | | | | | | | | | | | | |
| Registration Number, if PAC | | | | | | | | M | D | Y | | |
| Employer/Occupation/Labor Organization* | | | | | | | | M | D | Y | | |

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- Total prior amount \$ 0.00
- Total received this period \$ 10,000.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 0.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 0.00 (To Form No. 30-A)

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|---|-----------------------|--|---------------|---------------|--|----------------------------|--|
| Name of Committee in Full Bendig For Judge | | | | | | | |
| Full Name of Contributor Matn,Geer,Wright | | | | | Registration Number, if PAC | | |
| Street Address 261 South Front | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code 43215 | M 0 | D 3 | Y 2 | Amount 100.00 | |
| Full Name of Contributor Roger J Wagoner | | | | | Registration Number, if PAC | | |
| Street Address 5084 Upper Mount Row | | Employer/Occupation/Labor Organization* Lawyer | | | Form (Cash, Check, etc.) Check | | |
| City New Albany | State O H | Zip Code 43054 | M 0 | D 3 | Y 3 | Amount 200.00 | |
| Full Name of Contributor Daivd Day | | | | | Registration Number, if PAC | | |
| Street Address 905 St Rt 316 West P.O. Box 33 | | Employer/Occupation/Labor Organization* Lawyer | | | Form (Cash, Check, etc.) Check | | |
| City Ashville | State O H | Zip Code 43103 | M 0 | D 3 | Y 3 | Amount 100.00 | |
| Full Name of Contributor John Alton | | | | | Registration Number, if PAC | | |
| Street Address 1382 Windrush Circle | | Employer/Occupation/Labor Organization* Lawyer | | | Form (Cash, Check, etc.) Check | | |
| City Blacklick | State O H | Zip Code 43204 | M 0 | D 3 | Y 3 | Amount 100.00 | |
| Full Name of Contributor Richard D. Tooper | | | | | Registration Number, if PAC | | |
| Street Address 1500 West Third | | Employer/Occupation/Labor Organization* Lawyer | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code | M 0 | D 3 | Y 2 | Amount 150.00 | |
| Full Name of Contributor Roger & Barbara Pecock | | | | | Registration Number, if PAC | | |
| Street Address 7286 Snowberry Ln | | Employer/Occupation/Labor Organization* Realtors | | | Form (Cash, Check, etc.) Check | | |
| City Canal Winchester | State O H | Zip Code 432110 | M 0 | D 3 | Y 3 | Amount 100.00 | |
| Full Name of Contributor Marylee Bendig | | | | | Registration Number, if PAC | | |
| Street Address 557 Main St | | Employer/Occupation/Labor Organization* Realtors | | | Form (Cash, Check, etc.) Check | | |
| City Groveport | State O H | Zip Code 43125 | M 0 | D 4 | Y 1 | Amount 10,000.00 | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M | D | Y | Amount | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 10,750.00

Statement of Contributions Received at a Social or Fundraising Event

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| | | | | | |
|---|---|----------------------------|------------------------|---|---------------|
| Name of Committee in Full Bendig for Judge | | | | | |
| Full Name of Contributor David and Tammy Elliott | | | | Registration Number, if PAC | |
| Street Address 10680 Miller Avenue | Employer/Occupation/Labor Organization* Realtor | | M 0 | D 4 | Y 1 |
| City Canal Winchester | State O | Zip Code H 43110 | Amount 35.00 | Form (Cash, Check, etc) check | |
| Full Name of Contributor Scott and Jennifer Dufeu | | | | Registration Number, if PAC | |
| Street Address 5369 Taylor Lane Avenue | Employer/Occupation/Labor Organization* Computer Engineers | | M 0 | D 4 | Y 1 |
| City Hilliard | State O | Zip Code H 43026 | Amount 50.00 | Form (Cash, Check, etc) check | |
| Full Name of Contributor Charles Muller | | | | Registration Number, if PAC | |
| Street Address 7893 Pontus Road | Employer/Occupation/Labor Organization* Retired Pastor | | M 0 | D 4 | Y 1 |
| City Groveport | State O | Zip Code H 43125 | Amount 40.00 | Form (Cash, Check, etc) check | |
| Full Name of Contributor Roger and Wanda Slone | | | | Registration Number, if PAC | |
| Street Address 2656 Maywood | Employer/Occupation/Labor Organization* Realtor | | M 0 | D 4 | Y 1 |
| City Columbus | State O | Zip Code H 43232 | Amount 50.00 | Form (Cash, Check, etc) check | |
| Full Name of Contributor Mary Jane Metcalf | | | | Registration Number, if PAC | |
| Street Address 7189 Charleton Court | Employer/Occupation/Labor Organization* Realtor | | M 0 | D 4 | Y 1 |
| City Canal Winchester | State O | Zip Code H 43110 | Amount 50.00 | Form (Cash, Check, etc) check | |
| Full Name of Contributor Marvin and Beatrice Grossman | | | | Registration Number, if PAC | |
| Street Address 1417 Severn Road | Employer/Occupation/Labor Organization* Realtor | | M 0 | D 4 | Y 1 |
| City Columbus | State O | Zip Code H 43232 | Amount 25.00 | Form (Cash, Check, etc) check | |
| Full Name of Contributor Carl and Phyllis Heister | | | | Registration Number, if PAC | |
| Street Address 1084 Amanda Northern Road | Employer/Occupation/Labor Organization* Her Real Living Manager | | M 0 | D 4 | Y 1 |
| City Canal Winchester | State O | Zip Code H 43110 | Amount 50.00 | Form (Cash, Check, etc) check | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

300.00

Total expenditures this event

Page Total \$ 300.00

Statement of Contributions Received

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| | | | | | | | | | | | | |
|---|--|-----------------------|---|--------------------------|--|-----------------------------|--|-------------------|--|-------------------|--|-------------------------|
| Name of Committee in Full Bendig for Judge | | | | | | | | | | | | |
| Full Name of Contributor Joseph L Colburn | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 1765 Ivyhill Loop North | | | Employer/Occupation/Labor Organization* Lawyer | | | | Form (Cash, Check, etc.) Check | | | | | |
| City Columbus | | State O H | | Zip Code 3215 | | M 0 3 | | D 3 0 | | Y 0 6 | | Amount 100.00 |
| Full Name of Contributor Lee Durban | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 1335 Dublin Rd | | | Employer/Occupation/Labor Organization* Lawyer | | | | Form (Cash, Check, etc.) Check | | | | | |
| City Columbus | | State O H | | Zip Code 43215 | | M 0 3 | | D 3 0 | | Y 0 6 | | Amount 100.00 |
| Full Name of Contributor Frederick Moses | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 19538 Carroll Rd | | | Employer/Occupation/Labor Organization* Lawyer | | | | Form (Cash, Check, etc.) Check | | | | | |
| City Columbus | | State O H | | Zip Code 43149 | | M 0 4 | | D 0 6 | | Y 0 6 | | Amount 300.00 |
| Full Name of Contributor Marchese & Monst | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 1017 Dublin Rd | | | Employer/Occupation/Labor Organization* Lawyer | | | | Form (Cash, Check, etc.) Check | | | | | |
| City Columbus | | State O H | | Zip Code 43215 | | M 0 3 | | D 3 0 | | Y 0 6 | | Amount 100.00 |
| Full Name of Contributor Charles Bendig Sr. | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 47 Fishermans Cove | | | Employer/Occupation/Labor Organization* Retired | | | | Form (Cash, Check, etc.) Check | | | | | |
| City Ponte Vedra | | State F L | | Zip Code 32082 | | M 0 4 | | D 1 6 | | Y 0 6 | | Amount 200.00 |
| Full Name of Contributor James Wilcox | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 4218 Hoover Rd | | | Employer/Occupation/Labor Organization* Lawyer | | | | Form (Cash, Check, etc.) Check | | | | | |
| City Grove City | | State O H | | Zip Code 43123 | | M 0 4 | | D 0 3 | | Y 0 6 | | Amount 100.00 |
| Full Name of Contributor Christin Corl | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 5971 Olentangy River | | | Employer/Occupation/Labor Organization* Lawyer | | | | Form (Cash, Check, etc.) Check | | | | | |
| City Worthigton | | State O H | | Zip Code 43085 | | M 0 3 | | D 2 1 | | Y 0 6 | | Amount 100.00 |
| Full Name of Contributor Frank Foster | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 301 Mrquette R.R 1 | | | Employer/Occupation/Labor Organization* Lawyer | | | | Form (Cash, Check, etc.) Check | | | | | |
| City Lancaster | | State O H | | Zip Code 43130 | | M 0 3 | | D 3 0 | | Y 0 6 | | Amount 300.00 |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ **1,300.00**